APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

South Street, and the state of

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I hereby declare, as a named inventor of the invention identified herein, that my residence, post office address and citizenship are as stated below next to my name; that I verify and believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE:	ANTI-SMOKING DEVICE
	which is described and claimed in the specification: a. X attached hereto; b filed as U.S.
Patent A	ppln. Serial No. and amended on : c. identified by the Assignee as
reference	number and assigned by my attorney ATTORNEY DOCKET NUMBER TOMK:015.
as amend is materi §1,56.	I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, ded by any amendment referred to above, and hereby acknowledge the duty to disclose information of which I am aware which all to this application for patent on the invention described in the above-identified specification in accordance with 37 C.F.R.
to this ap	I hereby claim priority benefits under 35 U.S.C. §119 based on the following foreign applications(s) filed within one year prior oplication and/or under 35 U.S.C. § 365 for the following PCT International Application:
PRIORIT	TY: PCT/IE03/00091
States of application	The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority on(s) (INSERT "NONE" IF NO CORRESPONDING CASES):
	IE 2002/0493 filed on June 17, 2002
prosecute assigned	I hereby appoint Marc A. Rossi (Reg. No. 31,923) as my attorney of record with full power of substitution and revocation to this application, to transact all business in the Patent Office, and to insert on this document the Attorney Docket Number to this application. I further direct that all correspondence in connection with this application be sent to my attorney at the provided below:
·	ROSSI & ASSOCIATES
	P.O. BÓX 826
	ASHBURN, VA 20146-0826 (703) 234-7814
	Customer No.: <u>37013</u>
atement	I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of knowledge are true and that all statements made on information and belief are believed to be true; and further that these is were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.
(1) Inven	otor's Name: GERARD HAYES
	Given Name Middle Initial Family Name
	Residence: DROMBANNA, LIMERICK, IRELAND I EX
	City State/Province Country
Mailin	g Address: GREENFIELDS
	Street/P.O. Box
	DROMBANNA, LIMERICK, IRELAND
	City State/Province Zip Country
C	Signature:
	ADDITIONAL INVENTOR PROVIDED ON ATTACHED PAGES YES X NO

BEST AVAILABLE COPY

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ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES. YES $\underline{\hspace{1cm}}$ NO $\underline{\hspace{1cm}}$